SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND REE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

(If there are Multip Authorized Agent:

Address to send permit 8132 S. Oakwood Ave



Permit #: 20-032! 11-13-20 Date: \$75 105-20 Amount Paid: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO

TVDE						Application ivio.		FILL OUT IN INK	(INO FEI	TOTE
TYPE OF PERMIT Owner's Name:	REQUES			1	SANITARY PRIVY	CONDITION	THE RESIDENCE OF THE PARTY OF T	IAL USE B.O.A.	OTHE	100
John D. Schmidt				tk	Mailing Address: 8132 S. Ogkwood Ne City/State/Zip: Nenah			h WI54956	Teleph 920	one: 0-740-
Address of Property:				1	City/State/Zip:		2481			
58205	ROY P	inder	son R	d	Mas	100000	54854		740-	one:920 -8481
Contractor:					Contractor Phone: Plumber:				er Phone:	
Authorized Agent:	(Person Sig	ning Appli	cation on behal	f of Owner(s))	Agent Phone:	Agent Mailir	ng Address (include (City/State/Zin):	Writter	<u>.</u> n
				,-n	· · ·	, generium	ing / tauress (interace t	sicy/state/2ip/.	Authorization	
									Attached ☐ Yes ☐ No	
PROJECT		Deserte	Man. // / / / / / / / / / / / / / / / / /		Tax ID#	1	20/-	Recorded Documen		
LOCATION	Legal	Descrip	tion: (Use I	ax Statement)	3696	of land 3	500162	04-026-2-46-0		
1/4,		L/4	Gov't Lot	Lot(s)	CSM Vol & Page CSI	M Doc#	ot(s)# Block #			
							•			
Section <u>33</u>	3 , Tow	nship _	<u>Ч6</u> n, r	ange <u>05</u> w	Town of:	Kelly		Lot Size	Acre	eage 20
	USER SALE				r, Stream (incl. Intermittent)	Distance Struc	cture is from Shore	line : Is your Pro in Floodp		Are Wetlands
☐ Sillereland —	N	ek or Landward side of Floodplain? If yes—continue Draggarty/Landwithin 1000 feet of Julea Board on Flowers						Zone?		Present? Ves
	☐ IS I	Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue Distance Structure is from Shoreline						foot		□ No
☐ Non-Shoreland	d				PHOTO DECEMBER A			reet No		
Value at Time of Completion						Total # of		What Type of		Type of
* include		Project		Project	Project	bedrooms	Sewer/Sanitary System(s)			Water
donated time				# of Stories	Foundation	on property		n the property or e on the property?		on
& material	V New	Constr	uction	☐ 1-Story	☐ Basement	≥ 1	☐ Municipal/0		- 10 9	□ City
	^			1-Story +	_			ary Specify Type:		City
6	☐ Addi	☐ Addition/Alteration /		Loft	Foundation	□ 2				☐ Well
25,000	□ Conv	☐ Conversion ☐ 2-Story		☐ 2-Story			ists), Specify Type:		X water	
As per					COMVC		intional		tank	
OWNER		☐ Relocate (existing bldg) ☐ ☐ Run a Business on		Ц			or Uaulted (min 2 /service contract)	200 gallon)		
		Property			✓ Year Round		Compost Toilet			+
<u> </u>	4 D			☐						
Existing Structu	ros /if a da	listan als		ata againta fa fasta a a a a	lied for) Length:		Width:	10.1		
Proposed Const						04'	Width: 40	Height Height		./
			Il serent successions				(0			
Proposed U	Jse	1			Proposed Structu	ıre		Dimensions		Square
			Principal	Structure (first	structure on property)			(x	١	Footage
			Residenc	(X)					
☐ Residentia	l IIca			with Loft	(x)				
la Residential Ose			with a Porch)	
with (2 nd) Po				rch	(X)				
with a Deck with (2 nd) Deck						(X)			
☐ Commercial Use					(X)				
with Attached Garage □ Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)								1		
								(X	1	
DA.misins!		Mobile Home (manufactured date) Addition/Alteration (explain))		
☐ Municipal Use			Accessory Building (explain))	
					cion/Alteration (explain)			(X)	
Special Use: (explain)							(X	1		
Conditional Use: (ovalain)							(X	1		
Other: (explain)					e shed	164 × 40	1 0	560		
FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALT							N-1	1 2.	500	
I (we) declare that this	application (including a	ny accompanyin	g information) has been	examined by me (us) and to the l	pest of my (our) knowle	edge and belief it is true, o	orrect and complete. I (we) a	knowledge th	at I (we) am
1 1		חמוודחמנו מל	all information	I (una) am (ana) anavidia	mand shad is will be noticed out on the	D C 11C	tormining whather to leave	e a permit. I (we) further acce	me limbilies code!	ich may he a
(are) responsible for the result of Bayfield Cour	nty relying or	this inforn	nation I (we) am	(are) providing in or w	ith this application. I (we) consent	to county officials cha	rged with administering c	ounty ordinances to have acce	ss to the abov	re described
(are) responsible for the result of Bayfield Cour property at any reason	nty relying or nable time for	this inforr the purpo	nation I (we) am se of inspection.	(are) providing in or w	ith this application. I (we) consent $igg $	to county officials cha	rged with administering c	ounty ordinances to have acce	ss to the abov	ve described
(are) responsible for the result of Bayfield Cour property at any reason	nty relying or nable time for	this inforr the purpo	nation I (we) am se of inspection.	(are) providing in or w	ith this application. I (we) consent	to county officials cha	rged with administering c	Date 9-3	ss to the abov	ve described

If you recently purchased the property send your Recorded Deed

Copy of Tax Statement

Neenah WF 54956

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE ow: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL **Proposed Construction** Show Location of: Show / Indicate: (2) North (N) on Plot Plan (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6)Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%; (7) Show any (*): Drivewa Please complete (1) – (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning De

Setbacks: (measured to the closest point)

Setback Measurements	Description	Setback Measurements
Lan e Co		
Feet	Setback from the Lake (ordinary high-water	r mark) Feet
Feet	Setback from the River, Stream, Creek	Feet
	Setback from the Bank or Bluff	Feet
230' Feet	Tracker Commencer Commence	
	Setback from Wetland	Feet
620' Feet	20% Slope Area on the property	☐ Yes ☐ No
640' Feet	Elevation of Floodplain	Feet
65' Feet	Setback to Well	Feet
50' Feet		
Feet		
	Measurements Feet Feet 330' Feet 620' Feet 620' Feet 640' Feet 65' Feet 50' Feet	Measurements Description

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:				
Permit Denied (Date):	Reason for Denial:							
Permit #: 20 - 0821	Permit Date: 11-13-20							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes) Yes (Fused/Contigue) Yes Ye	ous Lot(s)) 🗂 No	Mitigation Required Mitigation Attached		Affidavit Required				
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:						
Was Parcel Legally Created Was Proposed Building Site Delineated ✓Yes □ No		Were Property Lines Represented by Owner Was Property Surveyed Yes						
Inspection Record: 12730 Parch? THE extra Footing & Shack	7 (20-030	21)		Zoning District ()				
Date of Inspection: 10/7/20	Inspected by:	M	Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Atta	ched?	No they need to be atta	ached.)					
Not for Human Habitation or skeping If pressurized the enters structure get required soptic permits								
Signature of Inspector:	7_			Date of Approval: 11/6/20				
Hold For Sanitary: Hold For TBA:	Hold For Affic	davit: 🗆	Hold For Fees:					

City, Village, State or Federal May Also Be Required

AND USE - X
SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

John Schmidt 20-0321 Issued To: No. NE SE Kelly Location: SE 33 **Township** Range 5 Town of Section CSM# Gov't Lot Lot Block Subdivision

For: Residential Accessory Structure: [1-Story; Pole Shed (64' x 40') = 2,560 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not for human habitation or sleeping. If pressurized water enters structure get required septic permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

November 13, 2020

Date